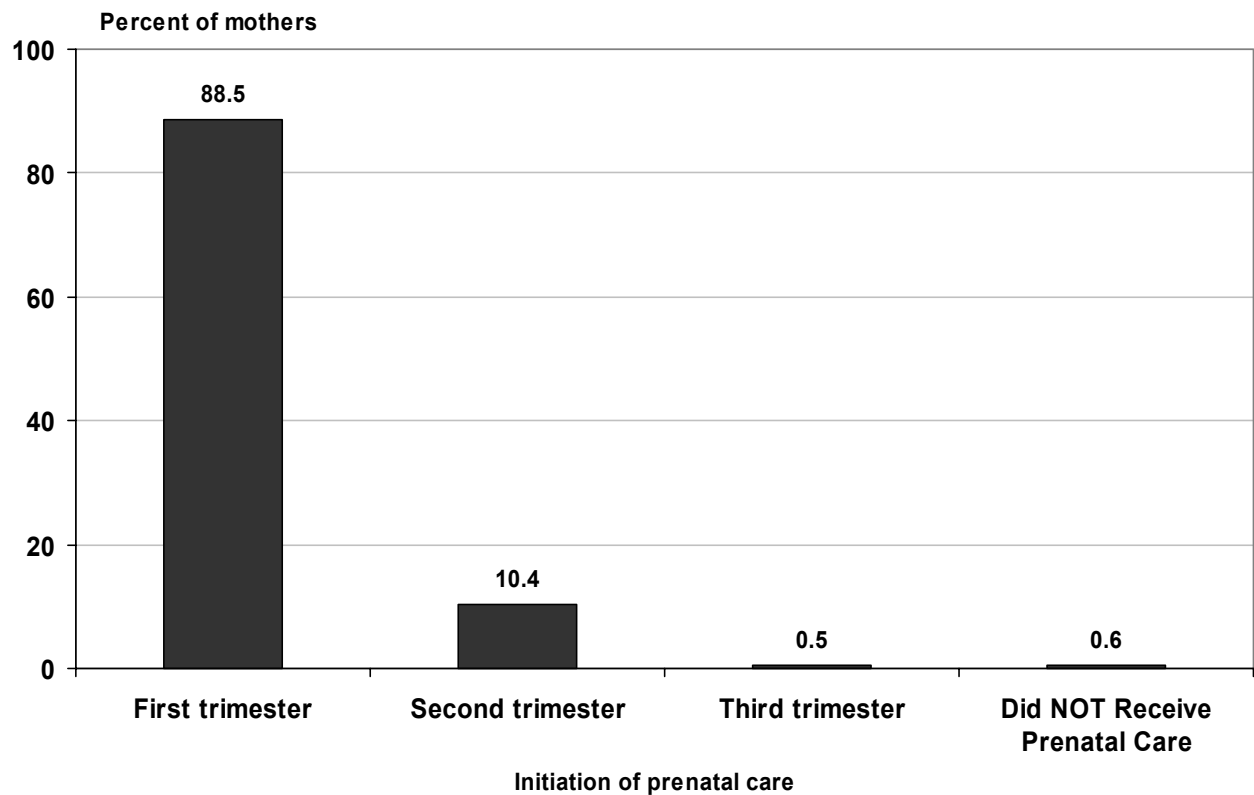


PRENATAL HEALTH CARE

Idaho PRATS

Initiation of Prenatal Care

2001



Summary

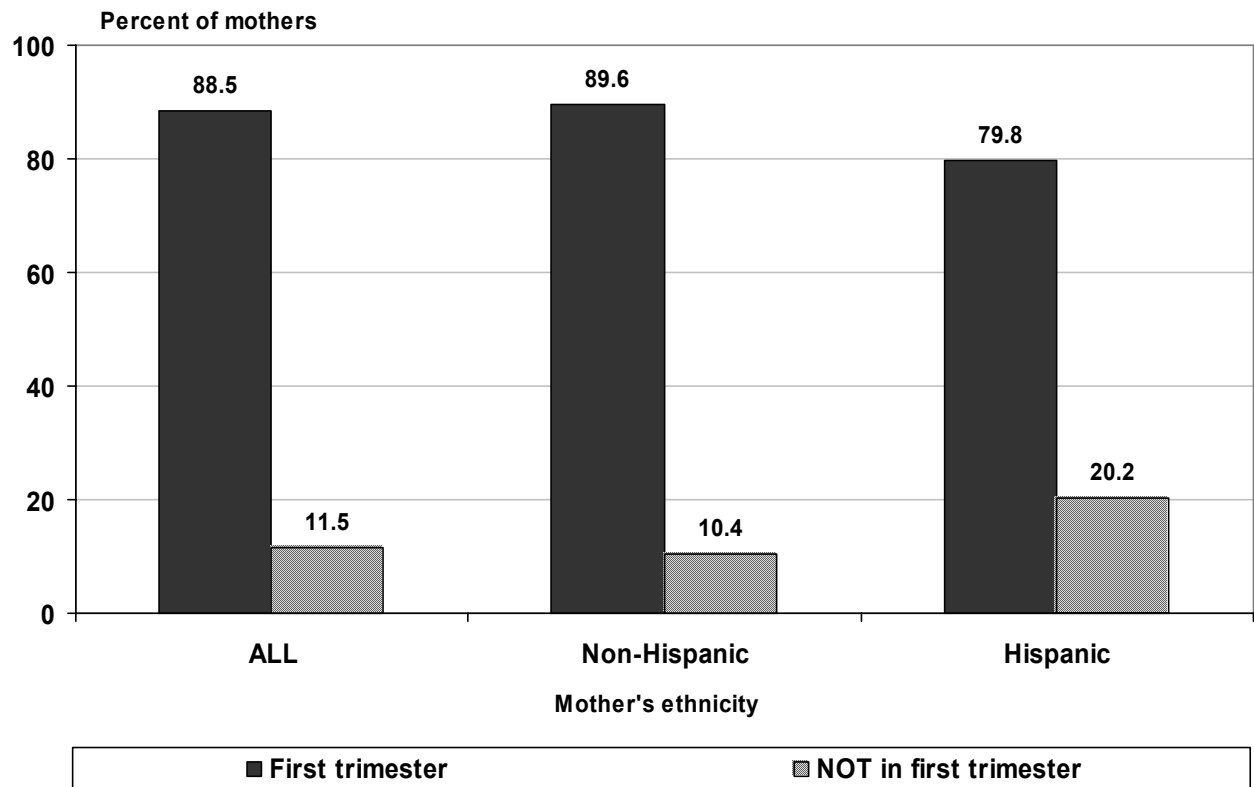
PRATS respondents were asked when they had their first visit for prenatal care. Most (88.5 percent) had their first prenatal visit during their first trimester of pregnancy. One of ten PRATS respondents (10.4 percent) did not begin prenatal care until the second trimester of pregnancy. Only 0.5 percent of respondents did not receive any prenatal care until their third trimester of pregnancy and 0.6 percent of respondents did not receive any prenatal care. On average, Idaho resident adult mothers began prenatal care in the 11th week of pregnancy.

Idaho PRATS

First Trimester Prenatal Care Utilization

By Mother's Ethnicity

2001

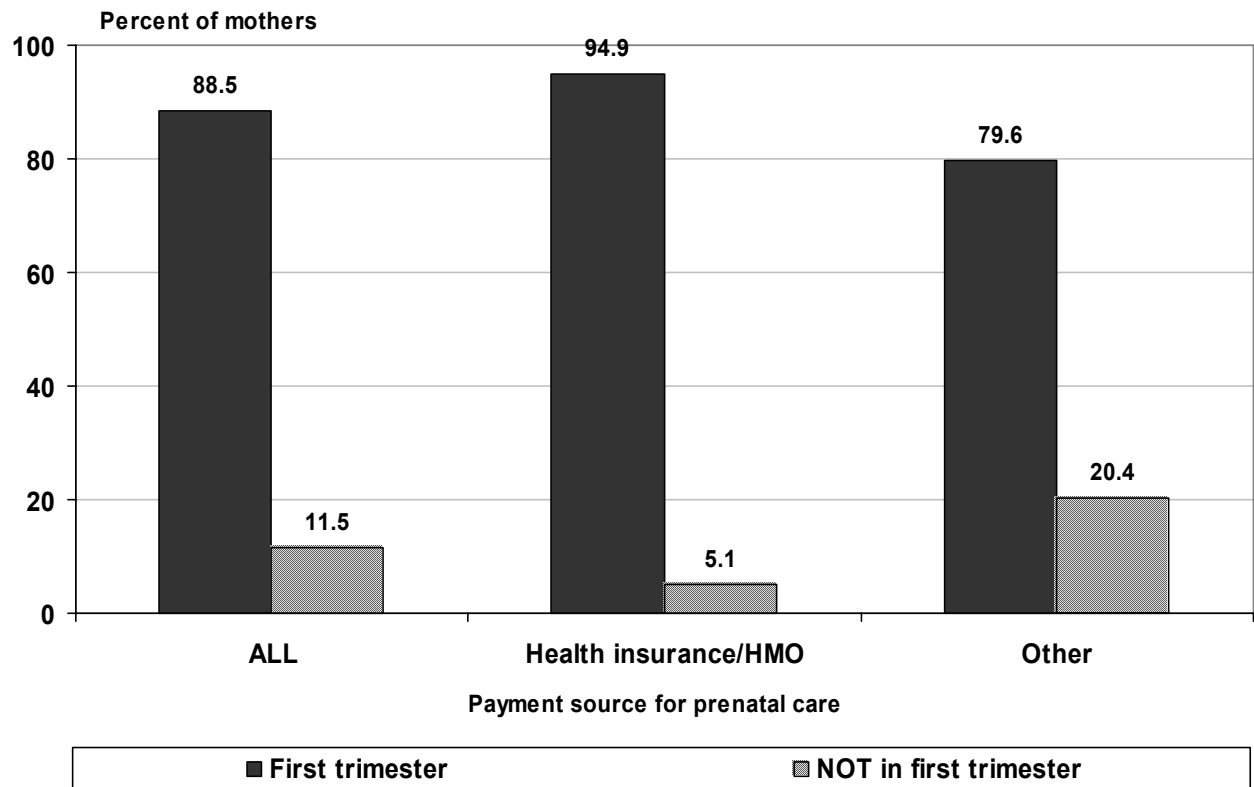


Summary

Among PRATS respondents, Hispanic mothers were less likely to initiate prenatal care in the first trimester (79.8 percent) than non-Hispanic mothers (89.6 percent). Hispanic mothers were 1.9 times more likely to initiate prenatal care after the first trimester or not at all than non-Hispanic mothers. This difference was significant ($p=.05$).

Idaho PRATS

First Trimester Prenatal Care Utilization By Payment Source for Prenatal Care 2001



Summary

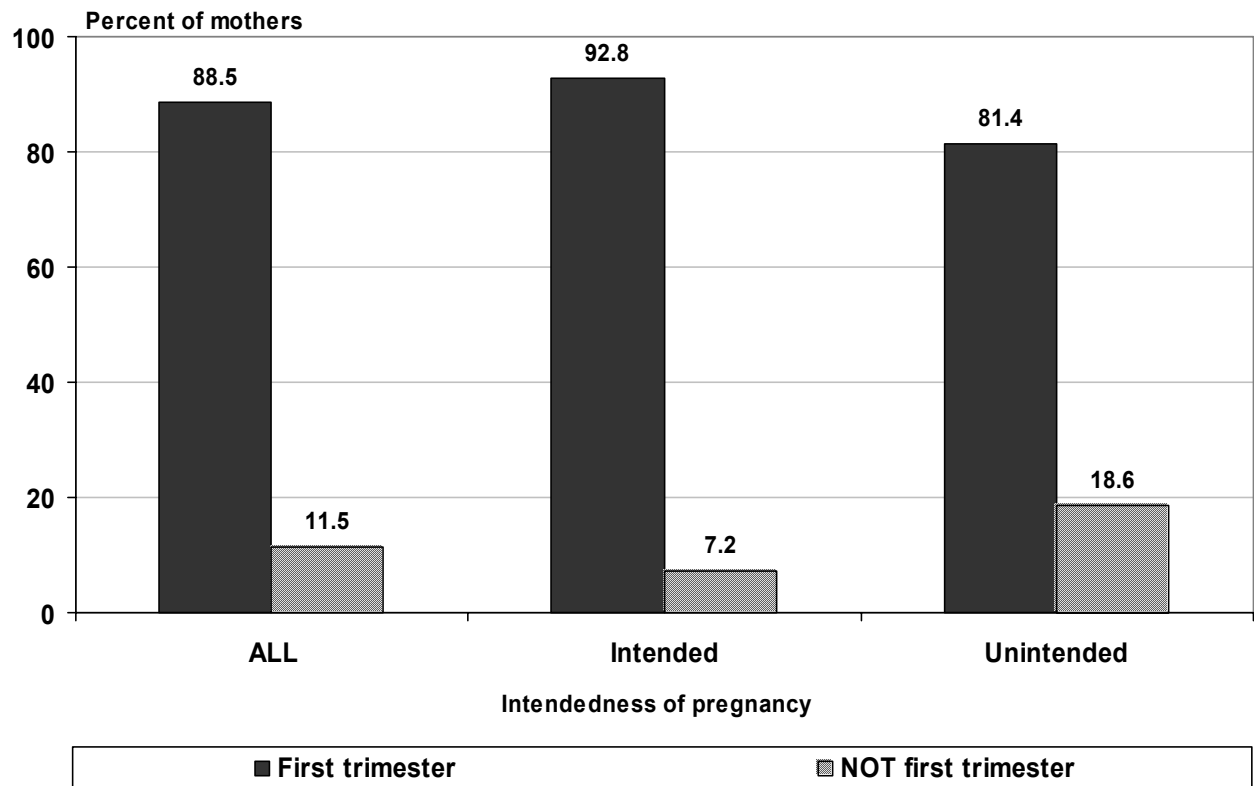
Idaho adult resident mothers whose prenatal care was paid for by private health insurance or HMO were more likely to initiate prenatal care in the first trimester (94.9 percent) than mothers whose prenatal care was paid for by some other source (79.6 percent). Other sources include Medicaid, personal income, the military, and The Indian Health Service. This difference was statistically significant ($p=.05$).

Idaho PRATS

First Trimester Prenatal Care Utilization

By Intendedness of Pregnancy

2001

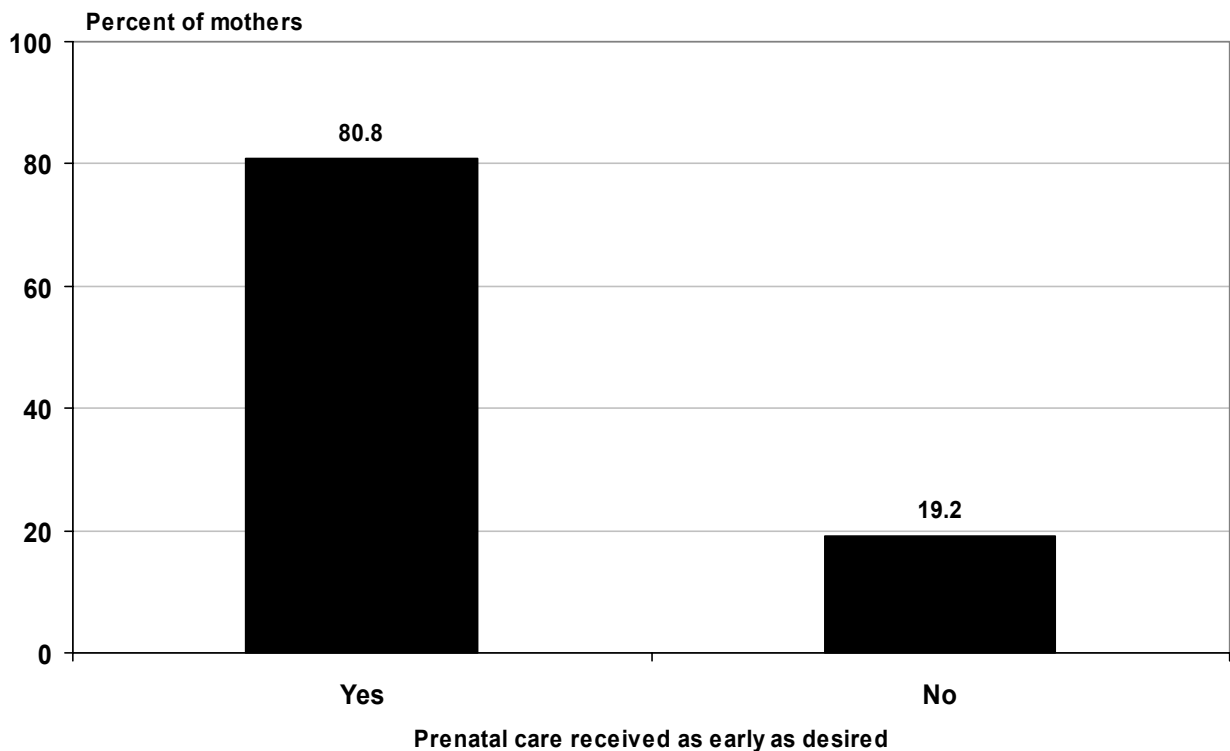


Summary

The relationship between intendedness of pregnancy and the likelihood of initiating prenatal care in the first trimester is evident from the graph. Idaho resident adult mothers who intended to become pregnant were more likely to initiate prenatal care in the first trimester, compared with mothers who did not intend to become pregnant, 92.8 percent and 81.4 percent respectively. The difference was statistically significant ($p=.05$).

Idaho PRATS

Prenatal Care Received As Early As Mother Desired 2001

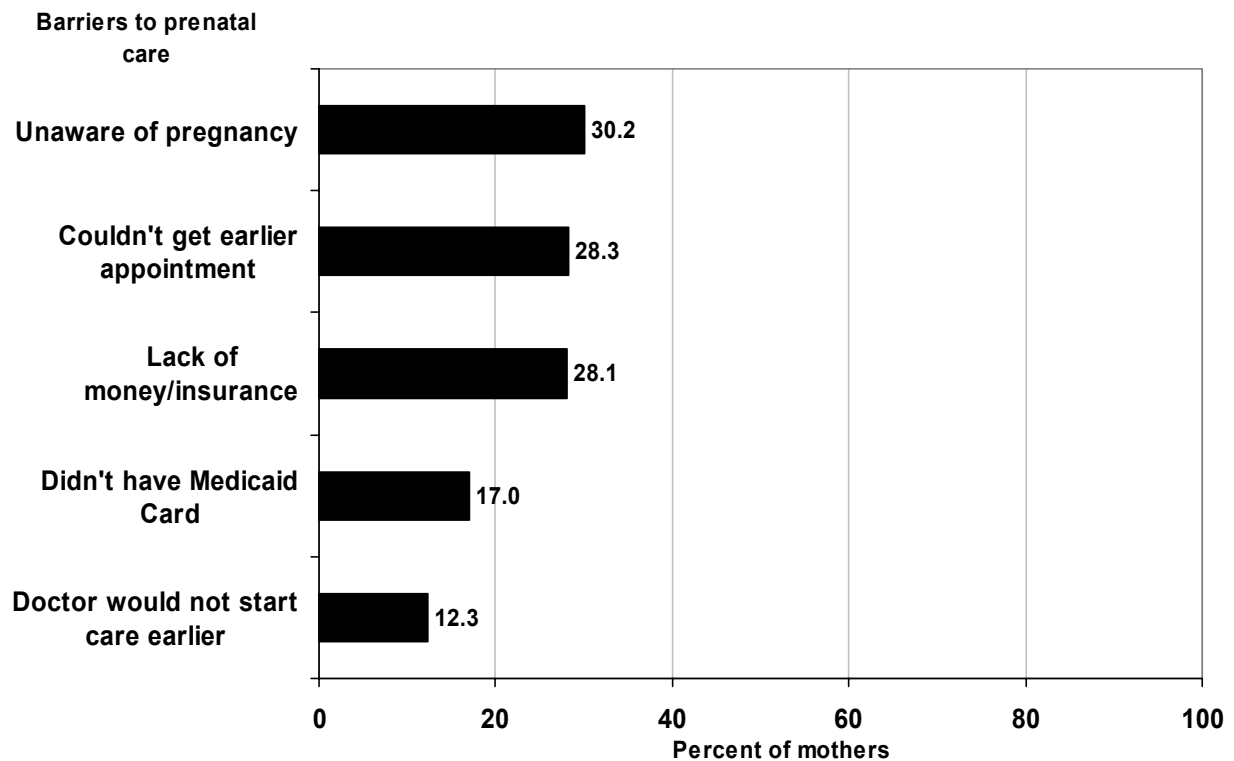


Summary

PRATS respondents who received some prenatal care were asked if they received care as early in their pregnancy as desired. The results indicate that 80.8 percent of Idaho resident adult mothers received prenatal care as early in their pregnancy as they wanted. Of these mothers, 94.7 percent received care in the first trimester. Of the 19.2 percent of mothers who did not receive prenatal care as early in their pregnancy as desired, 66.3 percent actually did receive care in the first trimester.

Idaho PRATS

Selected Barriers to Receiving Early Prenatal Care 2001



Summary

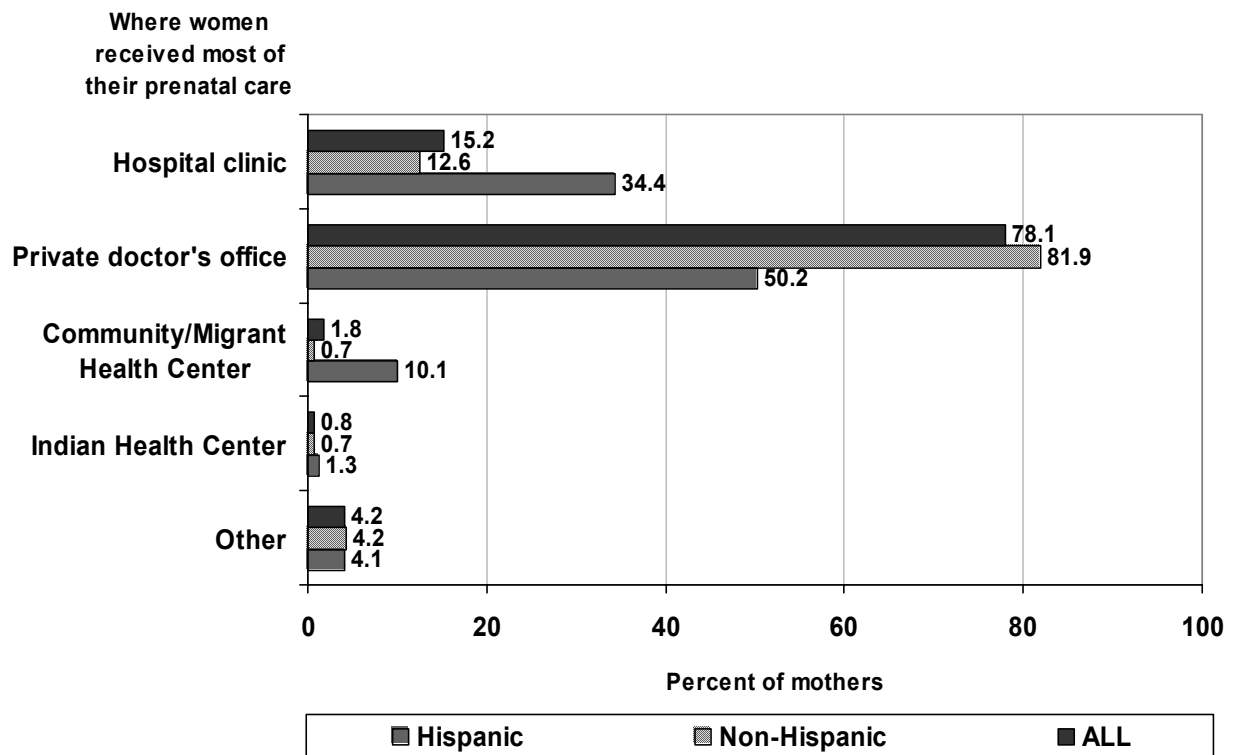
The most common reason given by PRATS respondents for not receiving prenatal care as early in their pregnancy as they desired was not knowing they were pregnant (30.2 percent). Other common reasons were not being able to get an earlier appointment (28.3 percent), not having enough money or insurance to pay for the visits (28.1 percent), not having a Medicaid card (17.0 percent) and having a doctor who would not start prenatal care earlier (12.3 percent).

Idaho PRATS

Where Women Go For Prenatal Care

By Mother's Ethnicity

2001

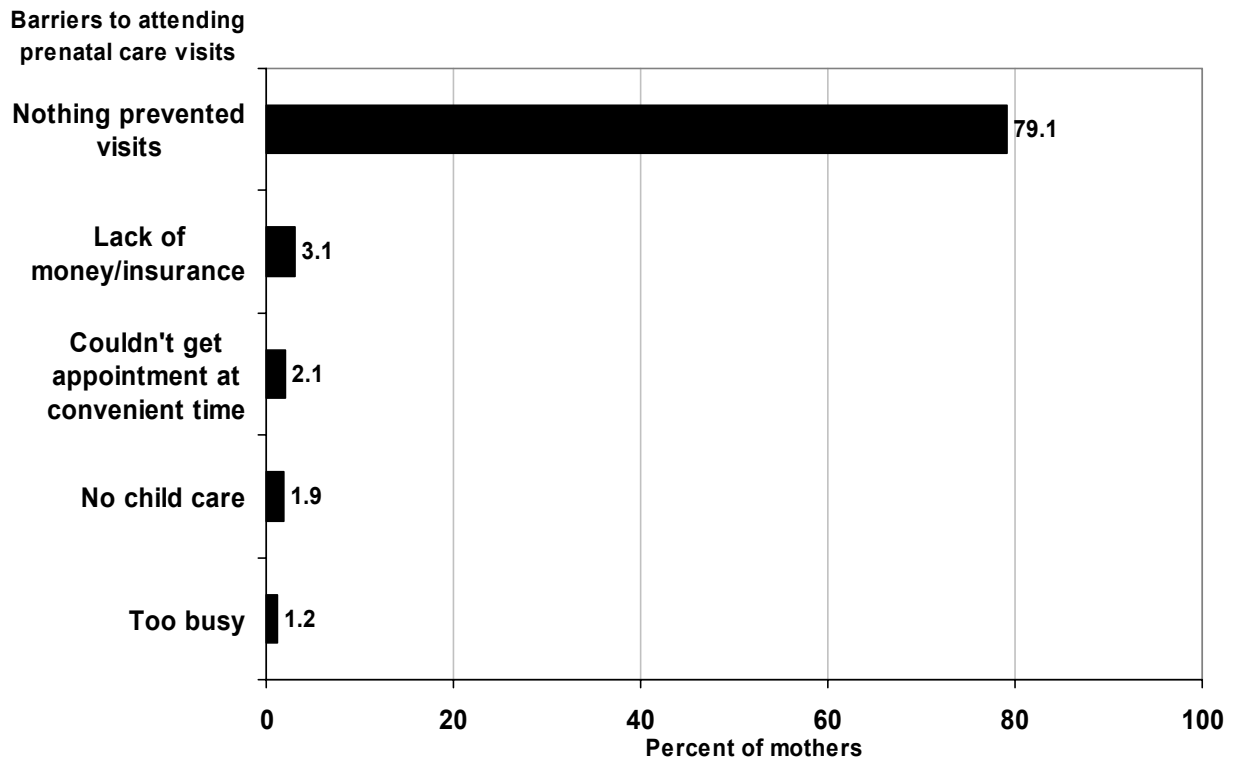


Summary

PRATS respondents were asked where they went for most of their prenatal care. The majority of Idaho resident adult mothers who received prenatal care went to a private doctor's office (78.1 percent). Comparatively, only 50.2 percent of Hispanic mothers who received prenatal care went to a private doctor's office. Hispanic mothers were 14.4 times more likely to have received prenatal care at a community/migrant health center (10.1 percent) compared with non-Hispanic mothers (0.7 percent). This difference was statistically significant.

Idaho PRATS

Selected Barriers to Attending Prenatal Care Visits 2001



Summary

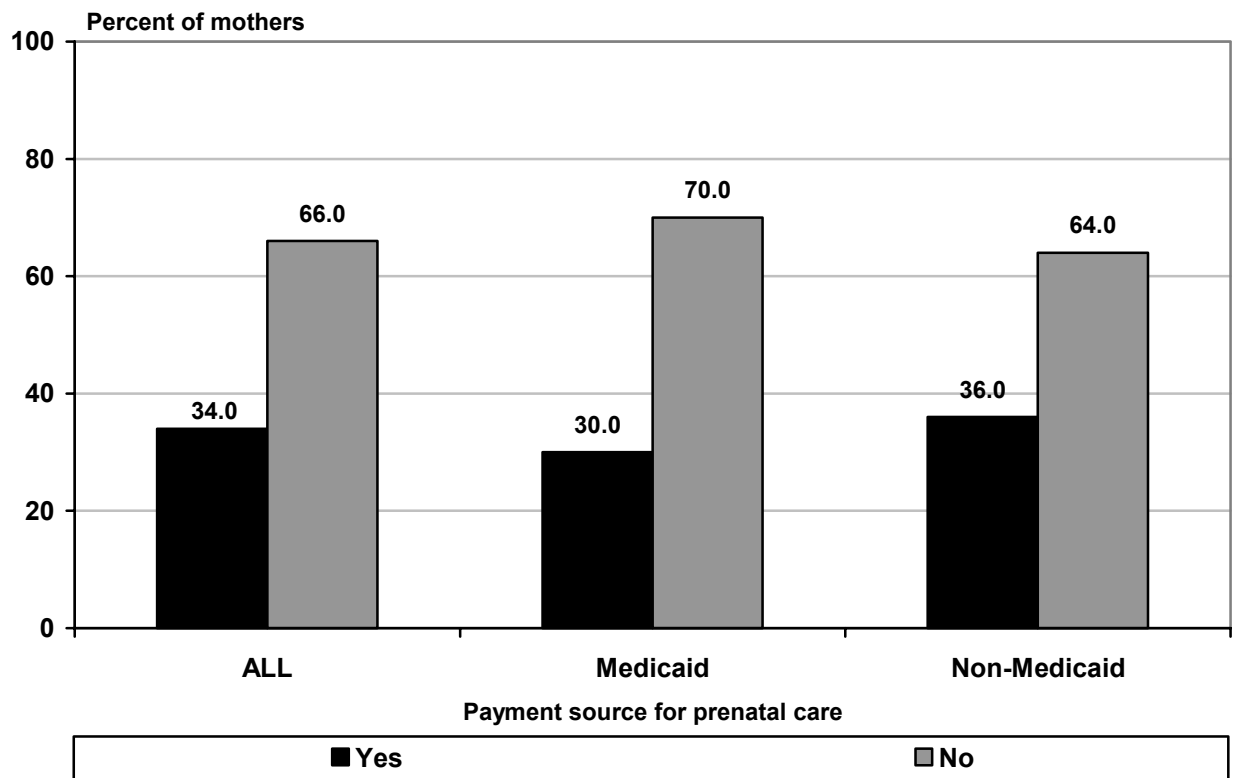
Most PRATS respondents reported that nothing kept them from attending their scheduled prenatal care visits (79.1 percent). The most common reason for not attending prenatal care visits was not having enough money or insurance to pay for the visit (3.1 percent). Other common reasons included not being able to get an appointment at a convenient time (2.1 percent), not having child care (1.9 percent), and having too many other things going on (1.2 percent).

Idaho PRATS

Discussion of Dental Care During Prenatal Care

By Payment Source for Prenatal Care

2001



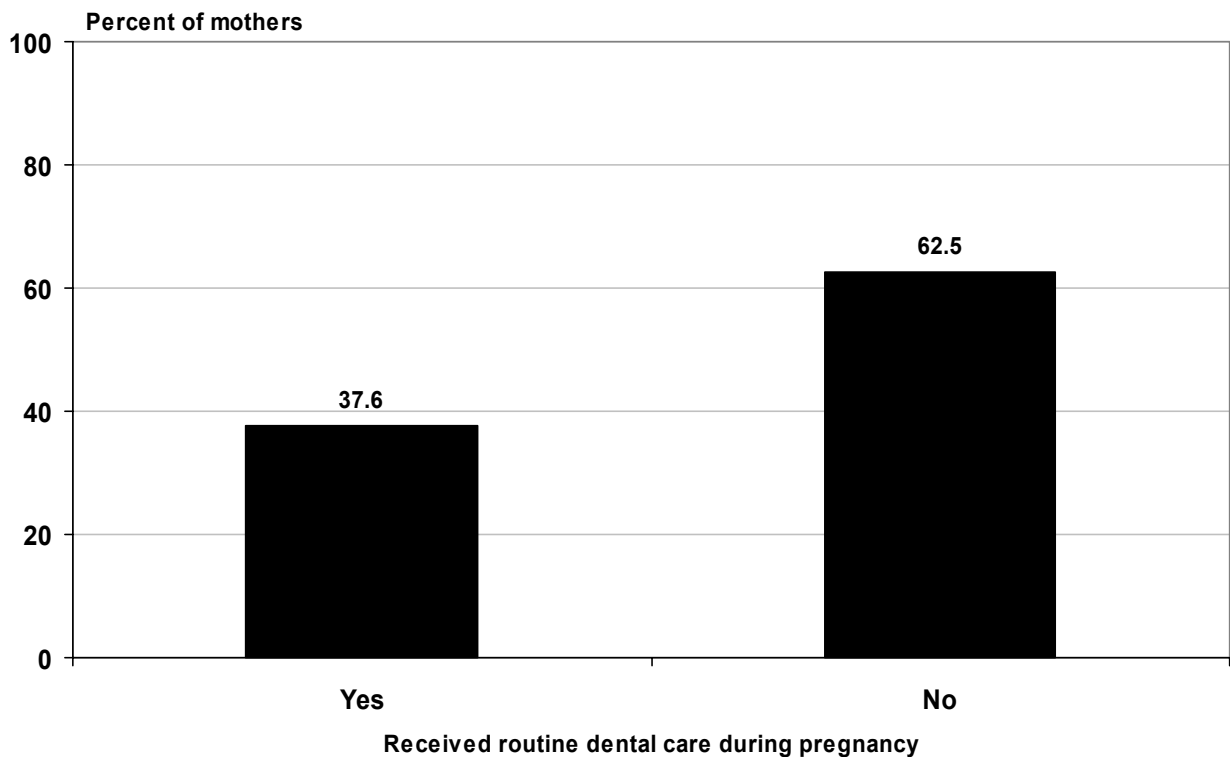
Summary

One-third (34.0 percent) of PRATS respondents reported that a doctor, nurse, or other health care provider talked to them about the importance of getting regular dental care during pregnancy. PRATS respondents whose prenatal care was paid for by Medicaid were less likely to have received this information (30.0 percent) than those who had some other type of coverage (36.0 percent). Other types of coverage include personal income, private health insurance or HMO, the military, and Indian Health Services. The difference was statistically significant ($p=.05$).

Idaho PRATS

Dental Care During Pregnancy

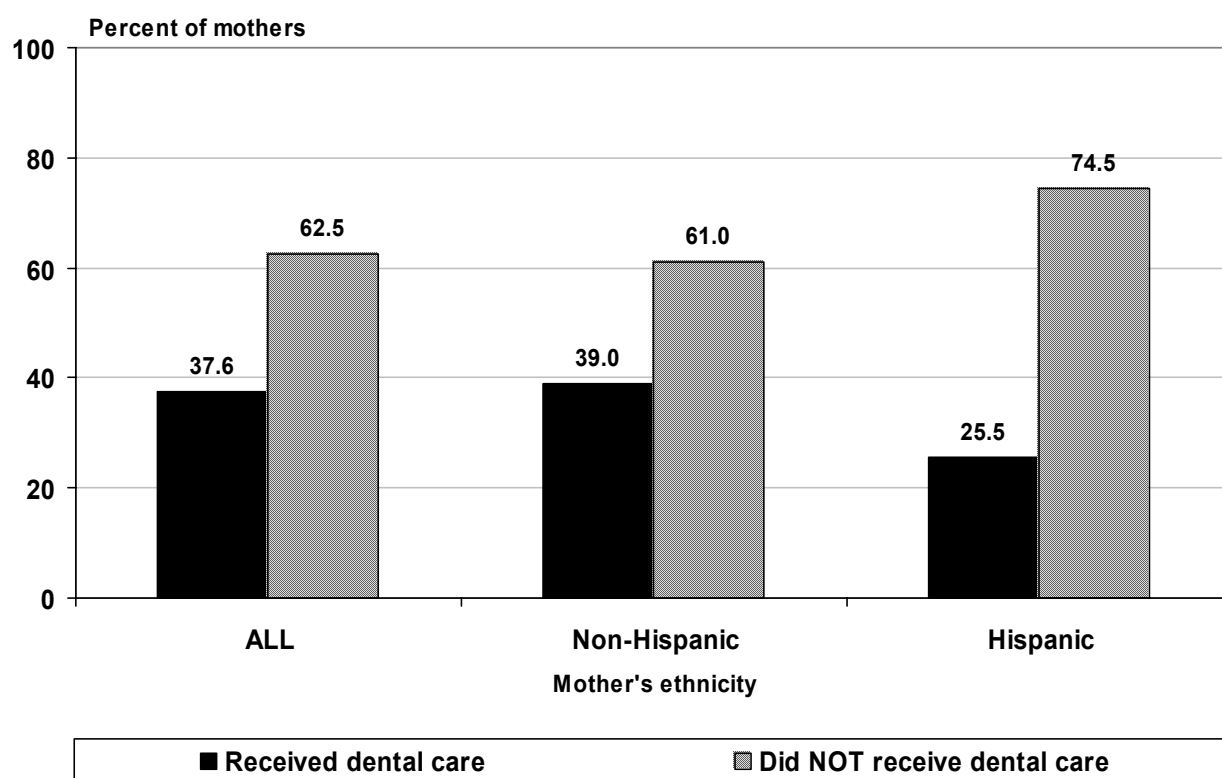
2001



Summary

The Children's Dental Health Project (2004), a non-profit organization dedicated to improving oral health and access to dental care, has noted that poor oral health, especially resulting in periodontal disease, may be associated with preterm low birth weight. A common attitude among women, however, is that dental care can harm the fetus. Only 37.6 percent of Idaho resident adult mothers reported going to a dentist or dental clinic to receive routine care such as teeth cleaning or regular check-up during pregnancy.

Idaho PRATS Dental Care During Pregnancy By Mother's Ethnicity 2001



Summary

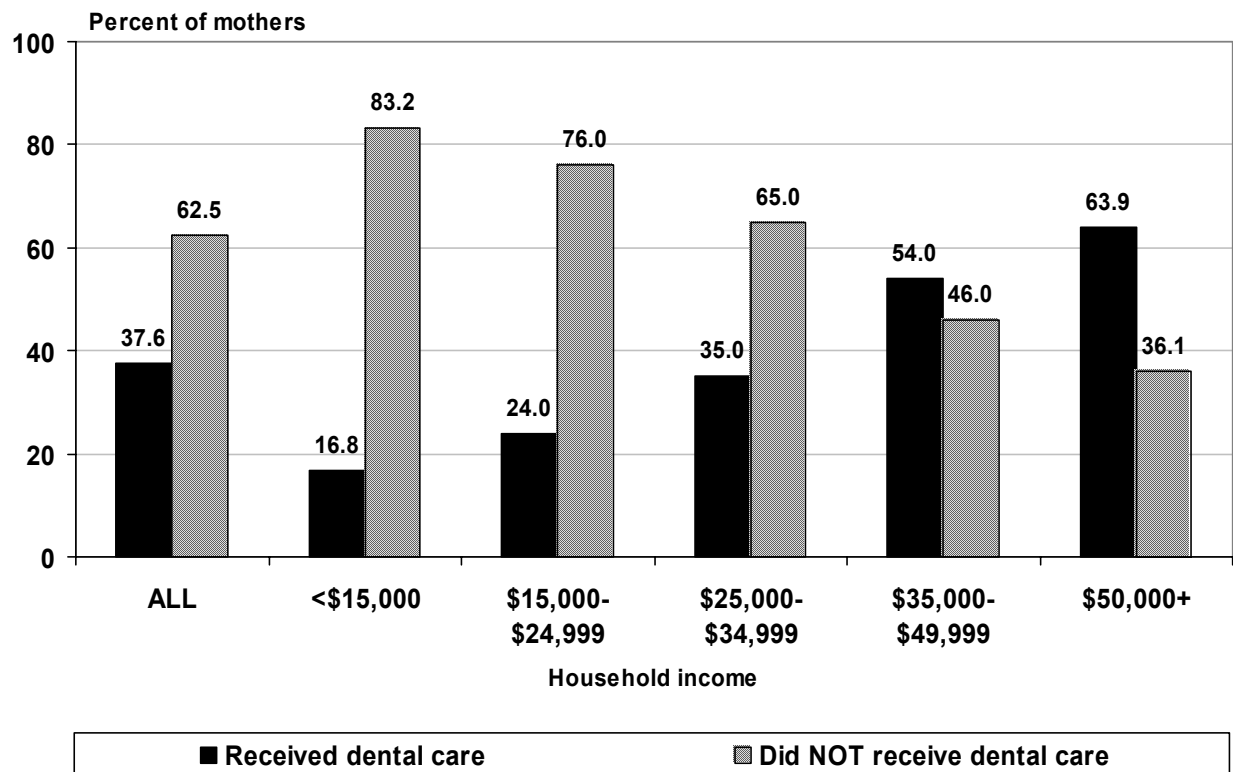
Among PRATS respondents, non-Hispanic mothers were more likely to have received dental care during pregnancy (39.0 percent) than Hispanic mothers (25.5 percent). This difference was significant ($p=.05$).

Idaho PRATS

Dental Care During Pregnancy

By Household Income

2001



Summary

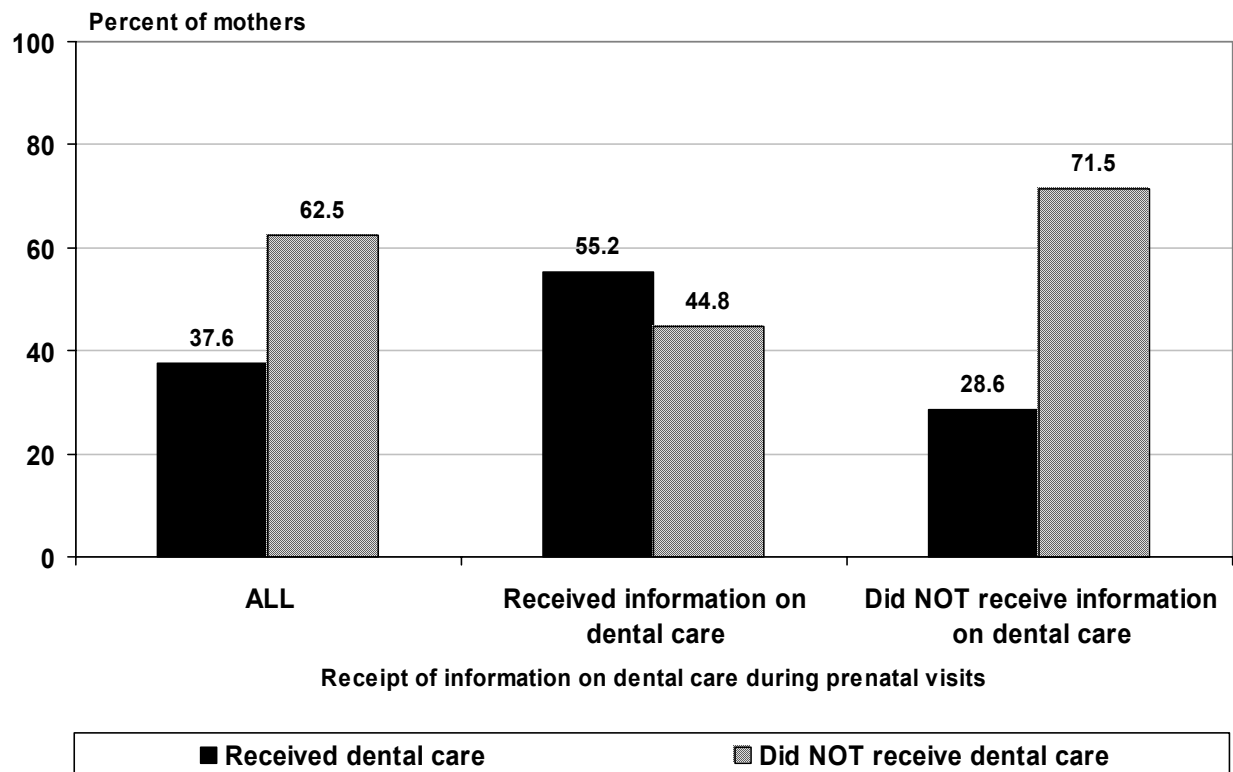
Among PRATS respondents, mothers with household incomes of \$50,000 or more during the 12 months prior to pregnancy were the most likely to received dental care during their pregnancy. Mothers with incomes of \$50,000 or more were 3.8 times more likely to received dental care during pregnancy than mothers with incomes of less than \$15,000. This difference was significant ($p=.05$).

Idaho PRATS

Dental Care During Pregnancy

By Discussion of Dental Care During Prenatal Care

2001

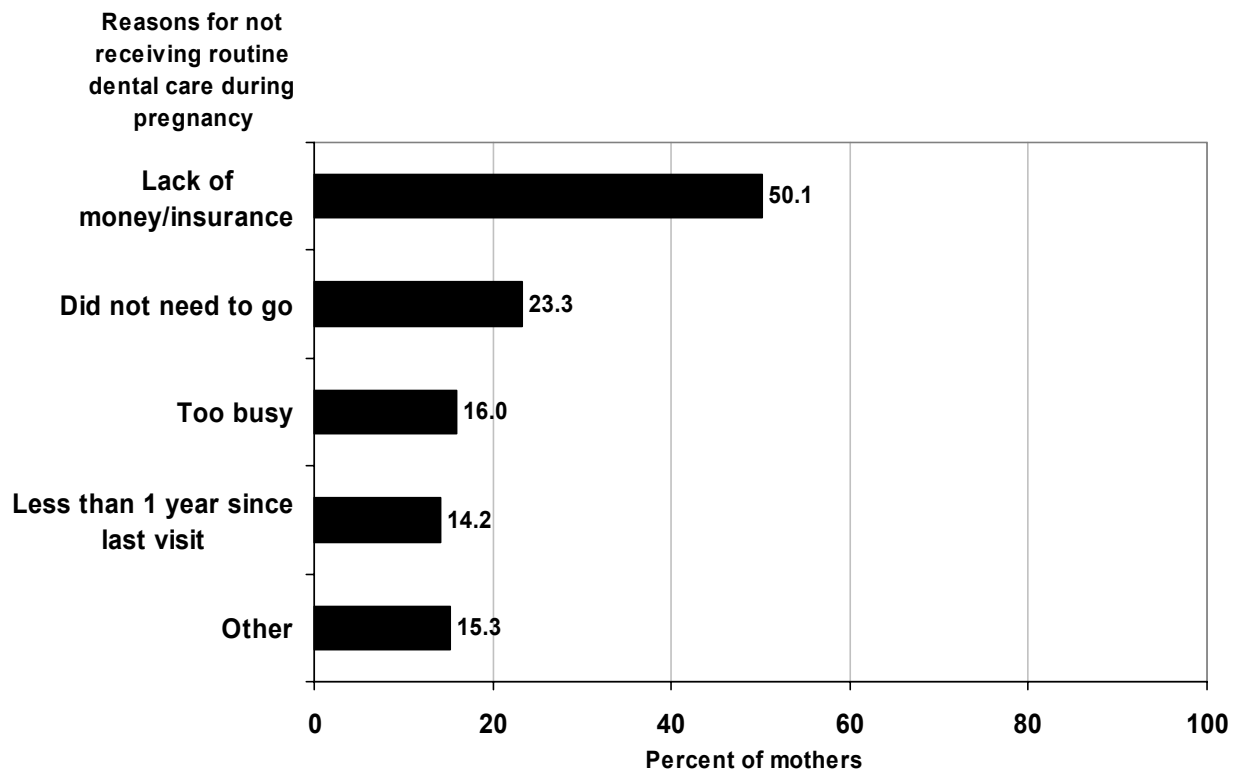


Summary

Idaho adult resident mothers who received information about the importance of dental care during pregnancy were 1.9 times more likely to receive dental care during pregnancy than mothers who did not receive that information. This difference was significant ($p=.05$).

Idaho PRATS

Reasons for Not Receiving Dental Care During Pregnancy 2001



Summary

The most common reasons for not receiving dental care during pregnancy were not having enough money or insurance to pay for the visit (50.1 percent) and not feeling that they needed to go to the dentist (23.3 percent). In the “other” category, the belief that dental care is harmful to the baby was mentioned numerous times.

Return to Table of Contents